New England Pediatrics

Acknowledgment of Receipt of Notice of Privacy Practices

We are required by State and Federal laws, including the HIPAA Rules, to safeguard general and health-related information about you. We have created a Notice of Privacy Practices that explains how your protected health information is handled. The Notice of Privacy Practices is provided to patients (and/or authorized representatives) when they first become our pateint.

We are asking you to sign this form to show that we offered you a copy of our Notice of Privacy Practices. By signing below, you are only acknowledging that you were offered or received a copy of the Notice of Privacy Practices. You are not making a statement about the content of the Notice of Privacy Practices or about your agreement or diagreement with any portion of it.

This document is to be signed by a person legally responsible for the following patients' medical decisions:

ACKNOWLEDGMENT

PATIENT NAME _____ PATIENT NAME _____

PATIENT NAME _____ PATIENT NAME _____

I acknowledge that New England Pediatrics, LLP has offered or provided me with a copy of its Notice of Privacy Practices, which describes how medical information about me may be used and disclosed, and how I can access this information. I understand that if I have questions or complaints I may contact:

PRIVACY CONTACT: Jason Davis, MD 203.972.5232

I also understand that I am entitled to receive updates upon request if New England Pediatrics, LLP amends or changes its Notice of Privacy Practices in a material way.

Printed Name of Patient or Patient(s)'Authorized Representative: _____

Relationship to Patient: _____

Signature of Patient or Patient(s)'Representative: _____

Date: _____

Everything below this line is for OFFICE USE ONLY

This section is to be completed by New England Pediatrics, LLP if unable to obtain written acknowledgement from patient.

I made a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practices from the above-named patient, but was unable to because:

☐ Patient declined to sign this Written Acknowledgment.

☐ Other (Specify)_____

Name of Employee_____

Title of Employee_____

Date_____

Rosemary Klenk, MD • Alan Morelli, MD • Todd Palker, MD • Jason Davis, MD • Elizabeth Cipolla, MD • Gretchen Crist, MD

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